

EDITORIAL

Are We Ready to Certify Surgical Oncologists?

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Twenty years ago, a few years after the formation of the Society of Surgical Oncology (SSO), the question of certification for surgical oncology was a hotly debated topic. In 1979, the Council of the SSO specifically instructed me, as their then current president, to advise the American Board of Surgery (ABS) of the strong interest of the SSO in certification, but neither this nor the identification of "special competence in surgical oncology" has come to pass over the ensuing years. The identification of this area of special interest within general surgery henceforth has relied primarily on the achievement of membership in the SSO, a society that has gained in both numbers and prestige over these last few decades. The recent establishment of a certification process for vascular surgery within the domain of general surgery and of an Advisory Council for Surgical Oncology within the ABS again raises the issue of some form of certification for surgical oncologists. Has the political climate changed enough for surgical oncologists to have their special interest, training, and competence officially certified in some way? Has the long-standing opposition by some to this certification now been weakened enough to allow an official recognition of expertise in surgical oncology? This editorial commentary will argue *against* a change in the status quo.

One of the first problems in this consideration of certification is the definition or the actual identification of the scope of activity of the surgical oncologist. The term "surgical oncology" did not come into wide usage until the 1960s, when the two major attributes of surgical trainees from cancer centers with this special interest were the capability of performing radical head and neck cancer surgery and the ability to conduct the more extensive operations for gynecologic cancer, particularly for the more advanced lesions. Head and neck cancer operations, except for thyroid and parotid surgery, had long been a weakness for most practicing ABS-certified general surgeons, and most otolaryngology training programs did not include major head and neck cancer sur-

gery until recent years. General surgeons had included the standard but not the radical gynecologic procedures in their practices for many years, but gynecologic surgical training in earlier years, as well as general surgical training, had never included operations of the magnitude required for advanced gynecologic cancer. However, both of these fields (otolaryngology and gynecology) began to develop special advanced training in oncologic surgery for these two anatomic areas in the late 1960s, the same time that the concept of surgical oncology was evolving within the field of general surgery. As the trend toward specialization in oncology developed over the next couple of decades, both of these anatomic areas traditionally served by the surgical oncologist (or "cancer surgeon") became a specific focus for other specialty groups.

In both gynecologic and head and neck surgery, the oncologists with additional training were able to focus their efforts entirely on the specific anatomic sites associated with their specialty. In gynecologic oncology, this included the development of expertise in the administration of chemotherapy in addition to performance of the specialized operative procedures required. In head and neck oncology, the total focus of the specialized otolaryngologic surgeons has been on the performance of extensive resections in the head and neck area along with the reconstructive surgery required after such radical resections. Despite both the complaints and the territorial claims of the general surgical establishment, these two emerging *specialized* surgical oncology areas of great interest have been slowly removed as major activities from the purview of both the practicing general surgeon and the emerging general surgical oncologist. Over the last three decades, surgical oncology has come to be primarily management of breast disease, gastrointestinal

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neoplasms, melanoma, and soft tissue sarcomas, although many nononcologic general surgeons with strong interest and special competence in these same areas have limited their activity to only one of these disease processes to the exclusion of the others. There does not appear to be a precise definition of exactly what is to be included in "surgical oncology." Thus, although we can define the general surgical oncologist in general terms, our definition is usually one of a concept, or an approach, rather than a description of a surgeon with a clearly defined specific set of technical skills. From the outset, this has been a major problem in the consideration of the certification process for surgical oncology as opposed to a more clearly defined technical specialty.

A second issue in this discussion of certification is related to the basic premise of certification, that of the protection of the health care consumer. Our hope is that optimal surgical care is provided in all surgical specialties by those surgeons who are identified as being the most competent individuals to provide specific surgical services. For this reason, most hospitals should and eventually will utilize certification as a guide to the award of hospital privileges. Let us examine the expected subsequent train of events if we do formally certify surgical oncologists, from the standpoint of the major disease processes now being managed by the usual general surgeon. Both breast surgery and operations for gastrointestinal cancers are major activities in the broad field of general surgery as well as being a major emphasis for the surgical oncologist. Malignant melanoma is a less common clinical problem, but one for which fully trained, board-certified general surgeons justifiably feel fully capable of care. A major concern, therefore, is the use of a surgical oncology certification process for unfairly limiting the practice of those fully qualified and certified (ABS) general surgeons who do not achieve specific certification in surgical oncology. The formal certification of surgical oncology could become a franchise, to be used at the local level, and one designed to give an outright monopoly to surgical oncologists for all general surgical cancer problems. I submit that this would be a miscarriage of justice if one views the certification process primarily as a means of protecting the public, as opposed to giving some personal advantage to a subset of surgeons.

Do these negative views toward a certification process for surgical oncology diminish the importance of this area within general surgery? I certainly hope not since I have spent almost 50 years focusing my own efforts in this special area. The surgical oncologist, in my view, is actually a much needed surgeon both to contribute to the cancer education of undergraduate and postgraduate students and to provide leadership to regional colleagues who are practicing general surgery. I believe he or she must be a well-qualified and certified general surgeon who has obtained additional training and experience in

the cancer field and then has devoted his or her professional work almost completely to oncologic problems. This skill in surgical oncology includes the capability of, and experience in, performing the less frequently utilized or more complex operative procedures for neoplastic disease that are not usually employed by the "standard" general surgeon. However, this additional specialized experience often relates as much to the proper selection of patients for these operations, rather than the performance of the actual procedure itself. The surgical oncologist views all operative procedures for cancer in the perspective of the total care of the patient by all disciplines, rather than operation as an isolated treatment method. Another major contribution of the surgical oncologist is an in-depth understanding of the natural history of the wide range of diseases we know as cancer, and this gives him or her the ability to provide consultation and leadership to both surgical and non-surgical colleagues in a large variety of circumstances. This help to others is accomplished in a fashion similar to that of general surgeons who have focused their own professional activities on some other area of general surgery, such as trauma, burns, endocrine surgery, or inflammatory bowel disease. As with all of these surgical "hobbies," the general surgeons in the medical community continue to perform the majority of operative procedures that are required by cancer patients. Establishing a sub-board or a similar type of certification for surgical oncology would probably alter this practice situation to the detriment of both the recipients and the providers of oncologic care.

As noted at the outset, surgical oncology has not achieved formal certification over the last several decades despite the interest expressed in this possibility by many. Nevertheless, with time, surgical oncology has become firmly established as a special interest area within general surgery. The development of formal divisions of surgical oncology in university departments of surgery, the continued growth and strengthening of the national and well-recognized organization representing surgical oncology (SSO), the development of competitive training programs and training grants in surgical oncology, and the special identification (through courses and lectures in surgical oncology) by the American College of Surgeons attest to the progressive growth and success of this field. ABS has given attention to this area of special surgical interest by establishing the Advisory Council for Surgical Oncology this past year. This council will report to the board of the ABS regarding surgical oncology training and potential certification procedures as well as addressing the question asked in the title of this commentary. Surgical oncology has been identified clearly as a significant activity by the "powers that be" in surgery and in oncology. However, there seems to be little justification, to this writer, for a separate certification process for this area of special interest that is so important to us all.